

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040554

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 384 Primary Registration District No. 3037 Registrar's No. 486 STATE FILE NUMBER

FILED OCT 30 1963

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>619 E. Santa Fe</u>	
3. NAME OF DECEASED (Type or print) First <u>Edmund</u> Middle <u>W.</u> Last <u>Burrus</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/21/1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water serv. Repairman</u>		11. BIRTHPLACE (City and state or country) <u>Marceline, Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. A.</u>	
13a. FATHER'S NAME <u>William</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Handy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT Address <u>Bertha</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe Bilateral pneumonia, Aspiration</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASNA with hypertension; Old CVA</u> DUE TO (c) <u>with left hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>Several years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6 a.m.</u> Month, Day, Year <u>1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Marceline, Mo</u>	
21. I attended the deceased from <u>1960</u> to <u>1963</u> and last saw him alive on <u>10/22/63</u> Death occurred at <u>6 a.m.</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Blennor A. Hoener, MD</u>	
22b. ADDRESS <u>Marceline, Mo</u>		22c. DATE SIGNED <u>10/24/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>10/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	23d. LOCATION (City, town, or county) <u>Marceline, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>James McLaughlin Marceline, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-24-63</u>	
		26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

10/2/63

Edmund W. Burrus

Edmund W. Burrus

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 9 1963

9'-8"

21'-8"

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1320

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.